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Commission for Social Development acting as the preparatory committee for the Second World Assembly on Ageing
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25 February-1 March 2002
Item 1 of the provisional agenda
Adoption of the agenda and other organizational matters

Provisional annotated agenda

1. Adoption of the agenda and other organizational matters.
2. Status of preparations for the Second World Assembly on Ageing:
   (a) Activities undertaken in 2001;
   (b) Trust Fund;
   (c) Public information programme.
3. Consideration of the draft outcome document for the World Assembly on Ageing.
4. Draft provisional agenda and organization of work of the World Assembly on Ageing.
5. Other matters.
6. Adoption of the report of the Commission acting as the preparatory committee on the work of its second session.

Annotations

1. Adoption of the agenda and other organizational matters

The Commission acting as the preparatory committee will adopt its agenda on the basis of the provisional agenda and approve its organization of work.

The Commission acting as the preparatory committee will also elect a Vice-Chairperson to fill the outstanding vacancy on its Bureau, which was postponed from the previous session.

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Accreditation of non-governmental organizations

The Commission acting as the preparatory committee will consider applications for accreditation by non-governmental organizations to the Second World Assembly on Ageing and its preparatory process (see decision 2001/PC/3).

Documentation

Note by the Secretariat on accreditation of non-governmental organizations

2. Status of preparations for the Second World Assembly on Ageing

(a) Activities undertaken in 2001

(b) Trust Fund

(c) Public information programme

The General Assembly, in its resolution 56/118 of 19 December 2001, urged all Member States and other actors to contribute to the Trust Fund on Ageing, in particular to facilitate the fullest participation of the least developed countries and to support public information activities to promote the Second World Assembly on Ageing. The Secretariat will provide updated information on the Trust Fund.

The General Assembly, in its resolution 56/228 of 24 December 2001, invited the Department of Public Information, in cooperation with the Department of Economic and Social Affairs and the host country, to continue the information campaign for the Second World Assembly on Ageing. The Secretariat will provide updated information on the public information programme for the Assembly.

3. Consideration of the draft outcome document for the World Assembly on Ageing

The Commission acting as the preparatory committee will conclude its consideration of the outcome document during this final session.

Abuse against older persons

The Commission acting as the preparatory committee will also have before it a report submitted by the Secretary-General on abuse against older persons (see decision 2001/PC/1).

4. Draft provisional agenda and organization of work of the World Assembly on Ageing

The Commission acting as the preparatory committee will submit to the World Assembly a draft provisional agenda and organization of work of the World Assembly.

5. Other matters

6. Adoption of the report of the Commission acting as the preparatory committee on the work of its second session

The Commission acting as the preparatory committee will adopt the report on the work of its second session and transmit it to the World Assembly.

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Commission for Social Development acting as the preparatory committee for the Second World Assembly on Ageing
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New York, 25 February-1 March 2002
Item 3 of the provisional agenda*
Consideration of the draft outcome document for the World Assembly on Ageing

Abuse of older persons: recognizing and responding to abuse of older persons in a global context

Report of the Secretary-General

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I. Introduction

1. In its decision 2001/PC/1,[1] the Commission for Social Development acting as the preparatory committee for the Second World Assembly on Ageing at its first session requested the Secretary-General to submit a report based on existing studies, information and documentation on abuse of older persons to the Commission acting as preparatory committee at its second session in 2002. The report will contribute to the discussion on the elaboration of the International Strategy for Action on Ageing 2002, to be adopted by the Second World Assembly on Ageing in Madrid in April 2002.

2. The present report has been prepared in response to that request. The report surveys the issues on abuse of older persons from a global perspective based on studies conducted in the past 20 years. Some studies have been conducted in more developed settings, whereas few studies have been carried out in less developed settings and in countries in social and economic transition. Furthermore, the majority of studies have been conducted in urban areas and little is known about abuse of older persons in rural areas.

3. The value of existing information as a global evidence base on abuse of older persons is further limited by the lack of clear and transposable definitions, deficiency of reliable and valid data and shortcomings of methodology. Existing studies have not paid enough attention to abuse of older persons in cultural subgroups as well as in less developed settings. Few studies have documented older people's perceptions and experience of abuse.

4. The report is structured as follows. In section II, abuse of older persons is viewed in a human rights framework. In section III, definitions and typologies are presented within the context of social, economic and cultural diversity. Section IV introduces intervention and prevention responses in different country settings. An attempt to estimate the impact, consequences and costs of the abuse of older persons from limited available information is put forward in section V. Finally, section VI suggests future policy responses and, in particular, highlights the need for reliable information to strengthen current knowledge of issues on abuse of older persons.

II. Abuse of older persons: a human rights issue

5. Abuse of older persons has gained public attention since the early 1980s. Growing attention to human rights and increasing awareness of the rights of older men and women have led to viewing abuse of older persons as a human rights issue. This framework is appropriate to: (a) draw attention to the political issues of abuse of older persons and discrimination; (b) challenge the abuse of economic and social means and entitlements of older persons; and (c) consider effective responses to abuse and violence.

6. The Universal Declaration of Human Rights sets out core entitlements of all human beings in the civil, political, social, economic and cultural spheres. This instrument provides the moral basis for a wide range of international legislation.

7. The International Plan of Action on Ageing,[2] adopted at the first World Assembly on Ageing in Vienna in 1982, outlined the rights of older persons. Furthermore, the United Nations Principles for Older Persons[3] elaborated their rights in matters of independence, participation, care, self-fulfilment and dignity. In 1995, in its General Comment No. 6 on the implementation of the International Covenant on Economic, Social and Cultural Rights, the Committee on Economic, Social and Cultural Rights drew the attention of Member States to the situation of older persons and guided State parties to a better understanding of their obligations to older persons when implementing the provisions of the Covenant.[4]

8. Commitments and guiding principles have also been adopted in United Nations conferences and summits with particular reference to advancing the rights of older persons, including the Copenhagen Declaration and Programme of Action of the World Summit for Social Development, 1995,[5] the Beijing Declaration and the Platform for Action of the Fourth World Conference on Women, 1995,[6] the Further Initiatives for Social Development of the twenty-fourth special session of the United Nations General Assembly,[7] and the United Nations Millennium Declaration adopted at the United Nations Millennium Summit in 2000.[8]

9. Poverty can exacerbate denial of basic human rights as well as limit choices and opportunities for a tolerable life. In many societies, older persons

comprise a disproportionate number of the poor and of the poorest among the poor. Hence poverty eradication and reduction of violence are complementary human rights goals in many regions, and important components of human development.

10. Ageism is one means by which the human rights of older persons are denied or violated. Negative stereotypes and denigration of older individuals can translate into lack of societal concern for older persons, risk of marginalization and denial of equality of access to opportunities, resources and entitlements. Age discrimination in the workplace can lead to the exclusion of older workers in formal employment. Cultural values regarding age and sex influence the degree of discrimination against older persons in social, economic, political and community life. Legal and justice systems may or may not succeed in resisting countervailing pressures to protect the rights of older persons.

III. Recognizing the problem: definition and contextualization

A. Definitions

11. In the absence of an accepted universal definition, existing definitions of abuse of older persons reflect distinctions between acceptable and unacceptable interpersonal and communal behaviour in different societies. Perceptions and definitions of abuse of older persons and violence vary between groups across and within societies.

12. One definition of abuse of older persons, which seeks to take variation into account, reads: "a single or repeated act, or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person".[9] Such an approach to the definition of abuse of older persons has gained ground over the last 20 years.

B. Typologies

13. A typology that has similarly gained ground in the study of abuse of older persons identifies four categories of abuse: (a) physical abuse; (b) emotional abuse; (c) financial exploitation; and (d) neglect, as follows:

Physical abuse refers to single acts that may be repetitive, or to enduring acts. Enduring acts include inappropriate restraint or confinement, which causes pain or bodily harm. The consequences of physical abuse include physical indicators of abuse and visible psychological manifestations, such as diminished mobility, confusion and other altered behaviour.

Emotional or psychological abuse, or chronic verbal aggression, includes words and interaction that denigrate older individuals, are hurtful and diminish their identity, dignity and self-worth. This abuse is characterized by (a) lack of respect for the older person's privacy and belongings; (b) lack of consideration for his/her wishes; (c) denial of access to significant persons; and (d) failure to meet the person's health and social needs. Indicators of emotional abuse can include severe psychological manifestations including fear, poor ability to make decisions, apathy, withdrawal and depression.

Financial exploitation, or material abuse includes (a) the illegal or improper use, or misappropriation of an older person's property and/or finances; (b) forced changes to his/her will and other legal documents; (c) denial of right of access to and control over personal funds; and (d) financial scams and fraudulent schemes.

Neglect, is lack of action to meet an older individual's needs, by (a) not providing adequate food, clean clothing, a safe, comfortable place to live, good health care and personal hygiene; (b) denying the person social contacts; (c) not providing assistive devices, if needed; and (d) failing to prevent physical harm and to provide needed supervision. The carer may fail to provide necessities because of lack of information, skills, interest or resources. Indicators of neglect include a range of physical symptoms of poor well-being such as pallor, dry lips, weight loss, dirty clothes, shivering, lack of assistive devices, poor bodily hygiene, incontinence, skin and mouth sores and physical and mental deterioration. Neglect can also be associated with confinement and inappropriately heavy use of medication.

Self-neglect is identified, in some expanded typologies, as a set of behaviours that threaten the health or safety of an older person, such as a

physical and/or cognitive impairment, and that lead to limited capacity for self-care and healthseeking activities. Depression and living in squalor can be indicators of self-neglect.

14. Other types of abuse grouped within the foregoing categories, or viewed as variations of those categories include:

Sexual abuse, which is non-consensual sexual contact that ranges from violent rape to indecent assault and sexual harassment by caretakers. Sexual abuse is particularly vicious if the victim cannot communicate well, or is physically and/or environmentally unable to protect him-/herself. Sexual assault is usually categorized under physical abuse.

Spousal abuse can entail physical, emotional and sexual abuse, financial exploitation and neglect in a life-long or recent partnership.

Medication abuse refers to the misuse of medication and prescriptions, deliberately or accidentally, by not providing needed medication, or by administering medication in dosages that sedate or cause bodily harm to the older person.

15. Further specific forms of abuse can also be identified in the scientific literature on the subject:

Abandonment, or desertion of older persons by individuals who are responsible or have assumed responsibility for their care.

Loss of respect, perceived by older persons in behaviour that is disrespectful, dishonouring or insulting.

Systemic abuse refers to the marginalization of older persons in institutions, or by social and economic policies and their implementation, and leads to inequitable resource allocation and discrimination in service provision and delivery.

Economic violence to gain control over older individuals' assets can, in some contexts, be aggravated by economic, social and political structures that condone or indirectly encourage the violence. Older persons are at risk of economic violence due to physical weakness and lack of ability to resist violence. Where they have assets of importance to a household's welfare, such as pension income or ownership of a house, they may be pressured to forego their rights to the assets. Instances of rape have been reported to force women to relinquish assets, as well as instances of expropriation and banishment of widows from the family home.

Scapegoating describes instances where older people (usually women) are identified and blamed for ills befalling the community, including drought, flood or epidemic deaths. Incidents have been reported where women have been ostracized, tortured, maimed or even killed if they fail to flee the community. In so fleeing, these individuals may lose their immobile assets.

Social or domestic violence towards older persons occurs in the context of a breakdown in social relations between an older person and his/her family, or of family disharmony. The extent to which it occurs is influenced by sociocultural norms of acceptable behaviour, the primacy of family values and valuation of ageing in the society.

Community violence affects older persons through generalized feelings of fear, which increase their overall sense of insecurity, as well as through direct violence. Criminal violence, including common assault, robbery, rape, vandalism, delinquency, drug-related violence and gang warfare can influence households and communities by inhibiting members' access to basic services, health care and socializing, as well as by direct victimization.

Political violence and armed conflict affect older persons directly and through forced displacement. The special needs of displaced older persons are rarely provided for in humanitarian relief plans. In refugee camps, older persons may be marginalized in food and health care distribution.

HIV/AIDS-related violence can occur in countries affected by the pandemic, where older women are commonly burdened with caregiving responsibilities for dying relatives as well as orphaned children. The stigma associated with HIV/AIDS can socially isolate members of affected households.

C. Detection and consequences

16. Detection of abuse of older persons is dependent on awareness, knowledge and understanding of abuse of older persons, as well as recognition of indicators and manifest effects of mistreatment. Professionals and laypeople may fail to detect abuse if they assume that a behavioural and/or physical state of an older individual is due to old age or ill-health alone. Without awareness, only severe cases of abuse will command attention. Abused older persons who do not utilize health care or social services are unlikely to be identified. Furthermore, there are situational and psychological barriers to self-reporting of mistreatment. Motivation to conceal mistreatment includes fear of institutionalization, fear of retaliation, a desire to protect the abuser from the consequences of their acts, shame and embarrassment and the victim's perception that the abuse is expected, or deserved. Finally, cognitively impaired persons and persons with poor communicative ability may be unable to verbalize or clearly report incidents of abuse.

17. Consequently, the extent of abuse of older persons is poorly known and older persons' perceptions of abusive acts or behaviour are important guides to its detection.

18. The effects of abuse of older persons have been documented in a range of studies in different settings. The consequences of abuse also serve as indicators and to identify risks of mistreatment to aid in the detection of abuse. The effects of abuse can cumulate when more than one or multiple types of abuse are being perpetrated.

D. Victims and perpetrators

19. Older persons who are vulnerable to abuse are characterized as having a measure of dependency and loss of autonomy, as well as being in a situation of high risk. Individuals at risk are often mentally and/or physically impaired, due to conditions such as dementia or disability. Other risk factors include poverty, childlessness, living alone, social isolation and displacement. Older persons who suffer from co-morbid physical and mental states, or whose mental ill-health is due to misuse of medication or abuse of alcohol or drugs are at high risk.

20. Ageism and sexism have also been found to influence the vulnerability of older persons. Patrilineal inheritance laws, land rights that affect the political economy of relationships and the distribution of power, detachment from tradition and loss of the ritual and arbitrative roles of "elders" that commanded respect within family and community as well as some witchcraft practices can contribute to the vulnerability of older persons in specific settings. Older persons may be prone to abuse during periods of changes in family values, which may weaken intergenerational ties, and in the course of changes in family size that affect the caretaking capacity of the family. These factors may be aggravated where age-segregation policies are in force that limit the access of older persons to employment, and/or pension systems are absent. The migration of adult children to cities increases the vulnerability to abuse and neglect of older persons who remain in rural areas in settings where family support is paramount to their well-being.

21. Perpetrators of violence and abuse against older persons have been characterized as family members, friends and acquaintances. Nevertheless, abusers can include strangers who prey on older persons, commercial organizations that defraud older clients and individuals who, in the "duty of care", abuse, or neglect their older charges. Some abusers are characterized as having a relation of dependency with the victim that is either emotional or financial.

E. Violence and abuse in different settings

22. The abuse of older persons has been investigated in institutional and domestic settings. Increasing interest in the problem in subpopulations has gradually extended investigations to other community-based settings, as well as to particularly violent settings.

23. **Institutional abuse**, of various forms, has long been associated with long-term institutional care. In the more developed regions, between 4 and 7 per cent of older persons have been found to reside in such facilities. In Latin America, the percentage reported is lower, ranging between 1 and 4 per cent. Few residential care facilities exist for older persons in other developing regions. Beyond the use of residential care facilities, old and frail relatives may be left in long-stay hospital wards or homes for destitute and disabled older persons.

24. Deficiencies of a care system, including poorly trained and overworked staff, poor resident management, such as excessive regimentation or overprotection, and dilapidated facilities, can render interaction between staff and residents difficult, which can result in abusive, neglectful and exploitative behaviours. Both violence towards residents and violence by residents towards staff have been documented in psycho-geriatric care settings.

25. **Domestic abuse** entails abuse by a family member, frequently the primary caregiver. It is widely recognized that domestic abuse is largely hidden, is not easily recognized, and is grossly under-reported.

26. In the context of rapid social change, including domestic changes in traditional norms for respect and customary care practices, domestic violence against older persons may become manifest. This violence is viewed as resulting from social and economic strains on households with scarce resources, in which older members are perceived as a burden to their immediate social support system.

27. In countries in social and economic transition, studies suggest that poverty, unemployment and aggression in the young as a result of political and economic transformation have contributed to an increased risk of physical and psychological abuse of older persons. The same economic changes have contributed to a decline in health and welfare services and to poor housing conditions.

F. Prevalence rates of violence and abuse

28. Prevalence rates of violence and abuse have been established in few settings. Some studies have found equal rates of mistreatment of men and women, while others have found a greater proportion of female than male victims. Studies in more developed settings, including national and non-national community-based surveys (for example, in Australia, Canada and the United Kingdom of Great Britain and Northern Ireland), have found the proportion of older persons reported as abused or neglected to range from 3 to 10 per cent. In Canada, neglect was found to be the most common form of abuse in community and domestic settings: 55 per cent of reported cases of abuse were neglect, whereas 15 per cent concerned physical abuse and 12 per cent financial exploitation.

29. Even less is known about changes in abuse of older persons over time. In the United States of America, the National Center on Elder Abuse noted a 150 per cent increase in incidents of abuse reported by state adult protective services between 1986 and 1996. According to the reported incidents, neglect was found to be the most common form of abuse and significant differences were found in rates of abuse of men and of women. Perpetrators of abuse were most frequently adult children (37 per cent), followed by spouses (13 per cent) and other family members (11 per cent).

30. Few data are available on the incidence of abuse of older persons in institutional settings. A study in the United States found that 36 per cent of nursing staff reported to have witnessed an incident of physical abuse, 10 per cent to have committed at least one act of physical abuse, 81 per cent to have observed an incident of psychological abuse and 40 per cent to have verbally abused a resident in the preceding 12 months.

31. As there has been limited collection of statistical data on abuse in less developed regions, the information on abuse, exploitation, neglect and abandonment of older persons culled from non-statistical sources such as criminal records, media reports, social welfare records and small-scale studies cannot be considered to be representative. Such information includes a finding in India, in which 40 of 1,000 persons from a sample in a rural area were found to be physically abused, whereas in a smaller sample, in an urban setting, of 50 persons aged 70 years and over, 20 per cent reported they were neglected in their households. Similarly, 45 per cent of an urban sample of older persons in Argentina reported mistreatment, for whom psychological abuse was the most frequently reported form. Also, 35 per cent of abuse reported in a survey in Brazil concerned psychological, physical or financial abuse and 65 per cent "social violence", including the perception by older victims of treatment of them by society as negative on grounds of age, specifically in the application of government regulations.

IV. Responding to the problem

32. In more developed settings, a variety of responses have been developed to address the various types of abuse of older persons, including public awareness programmes, new legislation, judicial action and intervention and prevention programmes. Similar

responses have been implemented in some less developed settings, although, due to resource constraints, less extensively.

33. Generally, response to the abuse of older persons has been aimed at raising awareness and understanding of abuse of older persons, promoting respect and dignity for older persons and, thereby, protecting older persons' rights. Specific measures include regulation of care, better identification of cases, care and treatment planning. Such measures also seek to foster collaboration between response agencies and to encourage research.

34. Principles called on to guide intervention include ethical concerns, human rights and values of freedom, autonomy, justice, accountability, privacy, respect and dignity, depending on the setting. Legal and judicial systems, social and human development policies and professional and service agencies are mobilized in the service of intervention. Community efforts, neighbourhood and informal support networks are increasingly involved in the fight against abuse of older persons, broadening the effort of families and individuals.

A. Awareness and education

35. The need to raise public awareness of abuse of older persons is reflected in the wide media coverage given to serious acts of abuse and cases of scandalous neglect. The media have played a critical role in bringing attention and stimulating attendant policy response to the abuse of older persons.

36. The content of awareness and education programmes has adopted a human rights approach in very recent years. Otherwise efforts to increase awareness include information and education sessions, programmes to support older persons and their advocates to enforce rights and to halt abuse and strategies to plan for the future protection of vulnerable older persons.

37. Lawyers, politicians, law enforcement officers, social workers and other professionals have been targeted by educational programmes to equip them in the assessment and detection of abuse and neglect for effective intervention. Materials have been developed to assist them in this effort. These include screening tools to identify abusive and potentially abusive situations, protocols for referral and intervention and training resource kits for service providers. Handbooks have been useful for caregivers to assess risks for abuse and to identify community resources for assistance. Information dissemination has increased through fact sheets, training videos and CD-ROMs and directories of help resources and web sites.

38. National telephone help-lines have been established or set up as demonstration projects in a number of countries to educate callers on the abuse of older persons and on available resources, and to refer them to help agencies. Non-governmental organizations also offer awareness and education programmes in a number of settings. Community development programmes that address needs and concerns of older persons have also helped to raise awareness and to educate the general public about abuse.

B. Legislation, protective mechanisms and legal intervention

39. In some countries, awareness of abuse of older persons and changing social policy have led to the enactment of new legislation to criminalize the abuse of older persons and to increase penalties for certain crimes against older persons. In some cases, regulations and policies have been adopted to supplement state laws and to establish enforcement systems. In other countries, there is thus far little or no legislation designed specifically to protect older persons from abuse.

40. Mechanisms to protect older persons also may include charters of rights and responsibilities of residents in care facilities and contracts between residents and care/service providers. Advocacy services and structures such as commissions on ageing provide assistance in addressing grievances.

41. In some countries where there is legislation to protect older persons from abuse, application of the legislation is not systematic. Professionals may not invoke the legal system to provide redress, or to punish abusers, or may use the legal system only when there is incontrovertible evidence of abuse. Nevertheless, legal structures to penalize violence, that can address the mistreatment of older persons, are important to uphold.

42. In some countries, professionals such as physicians, social workers and nurses are legally required to report cases of suspected abuse of older

persons, neglect or exploitation. The effectiveness of mandatory reporting to respond to and deter abuse of older persons is in dispute for several reasons. Professionals are reluctant to report cases, resulting in low compliance. Some argue that the autonomy of older persons is jeopardized, or that mandatory reporting creates expectations and a demand for health and social services or other resources that communities may be unable to meet. It is also recognized that in situations in which an older person is suffering mental ill-health and is in need of assessment, resort to the law may be contraindicated.

C. Intervention and prevention programmes

43. Intervention strategies and programmes have been designed and implemented in various settings in which violence and abuse occur, to remedy mistreatment or to prevent abuse.

44. Intervention in institutional settings includes official response mechanisms to address reports of abuse and neglect of residents, such as formal inquiries and study commissions. Certification of providers, establishment of standards of care and of staffing requirements as well as periodic inspections of residential care facilities are mandated in some settings, although implementation has been of variable quality. Advocacy plays an important role in educating the public and policy makers about conditions in institutional facilities.

45. Resident councils, family committees and ombudsman programmes are other mechanisms to maintain the attention of management on care issues. The success of intervention programmes in institutional settings has been found to depend on the commitment of management to quality care, good working conditions and creative problem-solving. Criteria for the recruitment of staff that exclude candidates for previous records of abuse and select candidates for empathy towards older persons and for ability to handle stress and conflict can play an important role.

46. In some community-based settings, intervention includes provision of shelter and related social services to victims of abuse. Volunteer services, neighbourhood networks, community-based support groups, faith-based organizations and family support programmes have also been active in support of older victims of abuse. This support may include, inter alia, formal services provided in the home, adult day-care facilities and respite care programmes. In a few settings, places of refuge and emergency shelters have been established for urgent cases.

D. Violence and rights-based intervention

47. In some settings, mistreatment of older persons may be part of a broader landscape of poverty, structural inequalities and other human rights issues. Such circumstances are often accompanied by low detection of cases of mistreatment, an absence of formal structures and mechanisms to respond to cases of abuse and a lack of resources to respond to violence against older persons or to empower older persons to prevent their abuse. Intervention to treat the social, economic and political factors leading to violence in these settings serves to improve the general conditions of life of older persons and to reduce the violation of their rights as well as those of other population groups.

48. In these settings, there are already, nevertheless, examples of rights-based interventions that assist older persons in particular. Non-governmental organizations often play an important role in these initiatives. For example, older persons' organizations have been strengthened to improve livelihoods and physical security, while older women's vulnerability has been reduced through building up their physical, human and social asset base. Literacy programmes for older persons have been shown to reduce vulnerability to exploitation and to strengthen knowledge of rights, access to entitlements and services and capacity to overcome discrimination and resist violence. Other interventions seek to improve education and health, to build capacity in income generation, to improve older persons' assets and to reduce their vulnerability to sudden changes in the environment.

E. International and national non-governmental organizations

49. In all settings, national organizations and action groups and international networks advocate a response to abuse of older persons in various ways. Their interventions include promoting and enhancing awareness and education on abuse of older persons, lobbying for policy action and legislation, fostering

research and disseminating information. They also provide service assistance to encourage, guide and support strategies and programmes to respond to abuse of older persons and protect vulnerable older persons.

50. The International Network for the Prevention of Elder Abuse has affiliated members in six world regions. National committees and societies are active in numerous countries worldwide.

51. A substantial research literature on abuse of older persons is now available in scientific journals, including the Journal of Elder Abuse and Neglect, which is multidisciplinary.

V. Impact of abuse of older persons: consequences and costs

52. Although still poorly understood, the direct and indirect financial and human costs and consequences of abuse of older persons are estimated to be considerable.

53. The direct costs of abuse of older persons are those associated with prevention and intervention, including provision of services, criminal and justice procedures, institutional care and prevention, education and research programmes. The indirect and human costs of abuse of older persons are those resulting from reduced productivity, diminished quality of life, emotional pain and suffering, distrust and loss of self-esteem, disability and premature death.

54. A few empirical studies have reported long-term physical and psychological health consequences of mistreatment for older victims. Such consequences include: (a) permanent damage from physical injury; (b) medication and alcohol dependency; (c) lowered immune system response; (d) chronic eating disorders and malnutrition; (e) self-harm or self-neglect; (f) susceptibility to depression; (g) fearfulness and anxiety; (h) suicidal tendencies; and (i) death. The consequences of abuse of older persons depend on the types of injuries or harm sustained and on the intent, severity, intensity, frequency and duration of the abuse. Availability and timeliness of health and social support will also affect the ultimate outcome.

55. Where intervention and prevention programmes are in place, there is, however, insufficient evidence regarding their effectiveness. Few programmes have undergone evaluation to assess their performance and the outcomes for their clients. In many settings, there is insufficient capacity or resources to evaluate programmes.

VI. Conclusions and policy implications

56. This review has raised several areas of possible concern and policy response.

57. Abusive behaviour and practices towards older persons may be viewed as a violation of their fundamental rights as guaranteed in international covenants and embodied in the United Nations Principles for Older Persons. A review of available information suggests that the rights of older persons are at risk of violation in various economic, institutional, community and family settings.

58. Proponents of the rights of older persons indicate that the global problem of abuse of older persons will be addressed successfully when people's basic needs and rights are met throughout the life course. Abuse in later life may be linked to the failure to achieve economic means to reach old age in dignity, and the lack of opportunities to do so.

59. In settings where persons of all ages will benefit from social and economic development to address the structural causes of poverty, development will also enhance older persons' physical and emotional security, increase their sense of well-being and reduce their vulnerability to violence, neglect, exploitation and abandonment. In all settings, however, an agenda to examine how adequately to protect the rights of older persons and an investigation of abusive practices can constitute first steps towards a policy of zero tolerance for abuse of older persons.

60. The vulnerability of older persons to abuse may also be reduced by enabling them to remain active and productive and thus to continue to contribute to society, community and family. Societies can be encouraged to create an anti-ageist environment in which older persons' rights to independence, participation, care, self-fulfilment and dignity are recognized and enabled.

61. Overall, there is a trend towards decreased reliance on institutional care for older persons, as a matter of policy and to favour family-based care, assisted by community services. Rates of institutionalization, with the attendant opportunity for,

and risk of, institutional abuse, are consequently anticipated to remain low. As care grows in community and family settings, however, and in the light of the expected growth in the population at older ages, the incidence of abuse is also expected to increase. In settings where recognition of the problem is on the rise, higher reporting rates may also be expected.

62. A better knowledge base is needed to inform national and local policy as well as the development of global guidelines for strategies and programmes for intervention and prevention. Methodological challenges also lie ahead: to identify reliable, valid and robust definitions of abuse of older persons; to establish the etiology and effects of abuse in various settings; to carry out focused, qualitative studies in order to understand causative relationships in abusive practices; and to carry out national surveys to document the prevalence of abuse of older persons.

63. Improved knowledge of the nature and extent of abuse of older persons can serve to raise public awareness, contribute to effective recognition and reporting and improve the likelihood of timely and appropriate responses. Specific groups involved closely with older persons can benefit from specialized training on the dynamics of abuse, diagnosis, intervention, treatment and referrals.

64. Advances in research and in action will not be achieved without political commitment and a solid foundation of human rights and legal support in favour of eliminating abuse of older persons. Intergovernmental resolutions can provide a platform for global action and the basis for national initiatives to assure that older persons are protected from violence and abuse.

Notes

A complete list of references is available for consultation in the files of the secretariat of the Second World Assembly on Ageing.

[1] See E/2001/71, p. 18.

[2] *International Plan of Action on Ageing, Vienna, 26 July-6 August 1982* (United Nations publication, Sales No. E.82.I.16).

[3] General Assembly resolution 46/91, annex.

[4] *Official Records of the Economic and Social Council, 1996, Supplement No. 2* (E/1996/22), annex IV.

[5] *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (United Nations publication, Sales No. 96.V.8), chap. I, resolution 1, annexes I and II.

[6] *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annexes I and II.

[7] General Assembly resolution S-24/2, annex.

[8] General Assembly resolution 55/2.

[9] Definition adopted by the British charity Action on Abuse of Older Persons.

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Status of preparations for the Second World Assembly on Ageing

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Note by the secretariat

I. Introduction

1. At its resumed first session in December 2001, the Commission for Social Development acting as the preparatory committee for the Second World Assembly on Ageing took note of the report of the Secretary-General entitled "Towards the Second World Assembly on Ageing".[1] The General Assembly, at its fifty-sixth session, took note of the report of the Secretary-General entitled "Preparations for the Second World Assembly on Ageing".[2] The present report provides an update on the activities undertaken by the secretariat since the issuance of those reports.

II. Activities undertaken

2. In January 2002, the Secretary-General sent letters to heads of State and Government advising them of the purpose and focus of the Second World Assembly on Ageing and drawing their attention to the General Assembly's invitation to all Member States to participate in the Assembly at the highest level. On 14 January 2002, the Secretary-General sent notes verbales to the Permanent Representatives extending an invitation to Governments to participate in the Assembly. Invitations have also been sent to United Nations entities, in accordance with the rules of procedure of the Second World Assembly on Ageing.

* E/CN.5/2002/PC/1

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3. Two planning missions to Madrid were undertaken by the secretariat in 2001, one in March and another in December. A third and final mission visited Madrid in January 2002 to finalize arrangements for conference facilities and space configuration, and public information activities, including media coverage, as well as for overall security arrangements. The Host Government Agreement is soon to be signed by the Government of Spain.

4. In accordance with decision 2001/PC/1, a report of the Secretary-General "Abuse of older persons" was prepared for presentation to the second session of the preparatory committee (E/CN.5/2002/PC/2). That report, based on a paper commissioned by the secretariat from an expert in this field, has been compiled from materials submitted by specialists.

5. A civil society consultation for the Second World Assembly on Ageing, financed by the Department for International Development of the United Kingdom of Great Britain and Northern Ireland and organized by the secretariat, in cooperation with HelpAge International, a non-governmental organization, took place in Chiang Mai, Thailand, from 26 to 28 November 2001. The consultation brought together selected members of civil society who had taken part in grass-roots and national level consultations by and for older persons that were organized or facilitated by HelpAge International during 2001 and designed to ensure that policy makers and delegations participating in the Second World Assembly on Ageing were made aware of the voices of older persons. The report of the consultation was distributed at the resumed first session of the preparatory committee in December 2001 and is posted on the web site of the Division for Social Policy and Development (http://www.un.org/esa/socdev/ageing).

Regional commissions

6. The Economic and Social Commission for Asia and the Pacific held a regional preparatory consultation for the Second World Assembly on Ageing in Macao, China, on 27 and 28 September 2001, at which the Macao Recommendations for strengthening the draft International Plan of Action on Ageing were adopted.

7. The Economic Commission for Europe is continuing preparations for the Ministerial Conference on Ageing, which is to take place from 11 to 13 September 2002 in Berlin. The Commission has been working closely with the secretariat for the World Assembly in harmonizing preparation of a document to disseminate the outcome of the World Assembly on Ageing at the regional level.

8. The Economic and Social Commission for Western Asia organized a regional meeting in preparation for the World Assembly from 5 to 8 February 2002 in Beirut. The main objectives were to review progress achieved and obstacles encountered in the implementation of the Arab Plan of Action for the Ageing, adopted in Cairo in 1993, and to produce an Arab plan for action on ageing to the year 2012.

9. The Economic Commission for Latin America and the Caribbean took a central role in a regional preparatory meeting of Ibero-American countries of Latin America and the Caribbean, organized and sponsored by the Government of Spain and held from 19 to 21 November 2001 in Santa Cruz, Bolivia. The Commission, in collaboration with the Pan American Health Organization (PAHO), the United Nations Population Fund (UNFPA) and the Inter-American Development Bank, also

prepared guidelines for the use of all member countries in their preparation of country reports on ageing to be presented at the Second World Assembly. The Commission has also created an inter-agency working group on ageing to define coordinated support to countries of the region on the implementation of recommendations that will come from the Second World Assembly.

United Nations organizations

10. The United Nations Population Fund organized an expert group meeting with the theme Population Ageing and Development: Social, Health and Gender Issues with a Focus on the Poor in Old Age, which was held in Malta from 29 to 31 October 2001. At the Pan American Health Organization meeting in Quebec City, Canada, held from 6 to 8 December 2001, the Quebec City Declaration was adopted. The World Health Organization (WHO) held a Global Consultation Meeting on Ageing and Health in Kobe, Japan, from 23 to 25 January 2002.

III. United Nations Trust Fund for Ageing

11. The United Nations Trust Fund for Ageing has received a contribution from the Government of Sweden, earmarked to fund the participation of delegates from least developed countries. The secretariat has received several enquiries from Member States regarding the availability of financial assistance to attend the Assembly.

IV. Public information

12. The Department of Public Information has been actively involved in carrying out an information campaign for the Second World Assembly on Ageing. Awareness of the Assembly has been building steadily; in particular, there is strong support and interest among non-governmental organizations, as well as a number of key media organizations. The activities of the Department of Public Information are contained in the paper entitled "Information campaign for the Second World Assembly on Ageing carried out by the Department of Public Information", which is being submitted to the current session of the preparatory committee.

Notes

[1] E/CN.5/2001/PC/2 and Corr.1.

[2] A/56/152.